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ABSTRACT

According to the Carnegie Council on Adolescent Development, young adolescents are felt to be far more at risk for self-destructive behaviors than ever before, and middle grades schools are failing to meet students' needs. As part of a plan for restructuring middle grades education, Illinois has created a middle school endorsement added to elementary or secondary teacher certification and has created a model for integrating health, education, and social services into middle level education. One of the university courses designed to meet requirements for the middle school endorsement involves inservice and preservice teachers in learning about basic issues in eight developmentally appropriate areas and embedding those issues within each subject of the regular curriculum. The eight areas include self-esteem, peer relationships, gangs and violence, loss (including death and dying), nutrition, sexual activity, alcohol/drugs/tobacco, and communicable diseases. For each topic, a representative from a community or social service agency presents critical information, and teams of class members devise interdisciplinary units. Appendices to this paper list groups involved in the restructuring process, health and social indicators for early adolescents, health data about students in grades 5 through 8, and a table of contents from a guide to the middle school endorsement course described. Contains five references. (JDD)

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Adolescents in Crisis: Implementing Carnegie Recommendations in Middle Level Teacher Education by Collaborating with Community Service Agencies

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Association of Teacher Educators
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Adolescents in Crisis: Implementing Carnegie Recommendations for Middle Level Teacher Education by Collaborating with Community Service Agencies

ABSTRACT

Since the publication of *Turning Points: Preparing America's Youth for the 21st Century* (1989), much attention has been focused on the social, emotional, and physical condition of America's early adolescents (ages 10-14). The seventeen member interdisciplinary panel of the Carnegie Council on Adolescent Development estimated that seven million adolescents between the ages of ten and eighteen are at serious risk by their involvement in life-threatening activities. By age fifteen, one in four are "engaged in behaviors that are harmful or dangerous to themselves and others" (Hechinger, 1992, p. 2). These adolescents are becoming increasingly involved with at-risk behaviors which impact the quantity and quality of their lives. "Young adolescents are far more at risk for self-destructive behaviors-- educational failures, drug and alcohol abuse, school age pregnancy, contraction of sexually transmitted diseases, and violence-- than their age group ever was before" (Turning points, 1989, p.13).

The Carnegie Council purports that middle grades schools are failing to meet students' needs and are, in fact, exacerbating the problem by emphasizing teaching strategies that encourage student passivity. The typical 5th-8th grade teacher fails to regularly incorporate methods that are developmentally appropriate for the pivotal age they teach. Although 75 percent of middle grades schools now have regular advisory periods, only 28 percent have strong programs that offer social and emotional support activities to help transescents adjust, learn coping strategies, and succeed in school (Mac Iver & Epstein, 1991). Teachers neither possess the knowledge of nor the skills requisite to

accessing local agencies for assistance with specific student needs. Few university courses in teacher education are available to provide inservice or preservice teachers with in-depth information and teaching strategies to develop curricula that weds psychosocial approaches and academic content. Teaching about advisory programs on a superficial level falls short of ensuring that teachers have the knowledge to facilitate students' healthy transition into adulthood.

In 1992, Illinois was one of 15 states to receive a grant from the Carnegie Corporation of New York to develop and implement a plan for restructuring middle-grades education. Serving as foundational to the initiative were the eight Carnegie recommendations for effective middle-grades education from *Turning Points* (1989):

- Create small communities for learning,
- Teach a core academic program,
- Ensure success for all students,
- Empower teachers and administrators to make decisions about the experiences of middle grade teachers,
- Staff middle grade schools with teachers who are experts at teaching young adolescents,
- Improve academic performance through fostering the health and fitness of young adolescence,
- Reengage families in the education of young adolescents, and
- Connect schools with communities.

Two significant outcomes of the grant were the passage of a middle school endorsement, to be enacted in 1996, and the creation of a model for integrating health, education and social services into middle-level education. The endorsement is part of the staff qualifications section and may be added to either elementary or secondary certificate. In addition to having at least 18 semester hours in the subject matter area of one's major teaching assignment, candidates must have three semester hours of specific coursework in middle

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designing and teaching developmentally appropriate programs in middle schools. In addition, middle level teachers must have three semester hours in coursework focusing on the developmental characteristics and needs of early adolescents, and the advisory role of teachers in providing guidance as well as assessing, coordinating, and referring students to health and social services. It is the latter part of the second qualification in which teachers are most unprepared. Early adolescents are confronted with more complicated health and social decisions than at any time in our history. It is impossible to separate young adolescents' psychosocial well being from their educational achievement. To facilitate this critical link, the State published as one of its two major goals for 1993-95, the integration of health services and health education in middle grades schools. To prepare new teachers, a university course was developed to specifically target the endorsement criteria and state goals.

This presentation offers a description of a course at a large, Midwestern university designed to meet one of the requirements for the new middle school endorsement in Illinois. This course integrates health-related concepts into the core curriculum to address adolescents' developmental needs, in accordance with the Carnegie recommendations. The goal was for both in-service and pre-service teachers to learn about basic issues in eight develomentally appropriate areas from experts in community service organizations, then embed those issues within each subject of the regular curriculum. The course provided a template for interdisciplinary teams of teachers to investigate resources within their own communities and then develop processes for accessing specialized materials and collaborating with support personnel on particular issues.

To design the course, a wide array of middle grades literature was consulted and sythesized. Eight areas, identified by the Illinois State Goals for

Learning and Illinois Comprehensive Health Education Mandates, were highlighted as the most salient issues facing adolescents today. These included self-esteem; peer relationships, gangs and violence, loss (including death and dying), nutrition, sexual activity, alcohol/drugs/tobacco, and communicable diseases. Community and social service agencies were contacted to provide up to date information, resources, and speakers for class sessions. For each topic a representative from the agency presented information that was critical for middle grades teachers to know, national and state trend data, school-related strategies, and a means for referral for services or individual assistance. In addition, each member of the class assembled a resource file on each topic composed of advisory activities, interdisciplinary unit frameworks, pamphlets and materials, journal articles, resource speakers available from his/her geographic location, and a audiovisual resource list. Class members were divided into teams were they devised interdisciplinary units juxtaposing the critical area with regular subject matter. In addition, each student was required to investigate the referral sequence and construct a flow chart, to be offered to the school for a teacher handbook. Most class members found that their home districts seldom had a written policy or chain of command clearly identified for its new teachers. The absence of a written policy sparked conversation and heightened the interest in community collaboration with the schools.

As a result of the activities in this class, every learner reported an increased personal knowledge of critical areas impacting adolescents today and a process for utilizing that information in his/her content area. Other equally cogent outcomes included improved school-community relations, collaboration between schools and community agencies, and identification of new funding sources/resources.

By underscoring the partnerships that can be created between schools and community agencies, teachers learned how to form alliances with other professionals and service agencies. With confidence from practice situations and comprehensive information, teachers increased the frequency and fluidity with which involvement with human resource agencies was made. Teachers reported that they were better able to understand the relationship between social, emotional, and health related needs and students' ability to perform in school.

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STATEWIDE CADRE ON INTEGRATING HEALTH, EDUCATION AND SOCIAL SERVICES FOR EARLY ADOLESCENTS

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Glen Steinhausen	Illinois State Board of Education

Health and Social Indicators For Illinois Early Adolescents
As Recommended by the
State Cadre on Integrating Health, Education and Social Services

I. **Nutrition** Measures:

- Number of days per week breakfast and lunch are eaten.
- Number of fruits and vegetables eaten in the previous 24 hours.
- Number of servings of junk food eaten (e.g. candy, cookies, potato chips) in the previous 24 hours.
- Prevalence of youth practicing vomiting, purging, and other eating disorder behaviors.

II. **Fitness Through Physical Activity** Measures:

- Percent of students participating in exercise and physical activity beyond the school physical education program.
- Percent of students participating in in-school and out-of-school intramural and other youth related activities.
- Number of days per week of physical education and activity at your school.

III. **Drug Use** Measures:

- Thirty day prevalence of alcohol, tobacco and drug use.
- Age of first alcohol, tobacco and other drug use.
- Heavy alcohol use (5 or more drinks at one sitting).

IV. **Sexuality** Measures:

- Use of effective contraceptive techniques.
- Age of first intercourse.
- How many times sex or sexuality has been discussed with parents, guardians or other adults.
- Number of teen births.
- Frequency of sexual intercourse.

V. **Mental Health** Measures:

- Incidence and prevalence of mental health disorders.
- Number of suicides/suicide attempts.
- Percent of students reporting satisfying life.

VI. **Safety from Abuse, Violence, Accidents and Injuries** Measures:

- Percent of youth who self-report bringing weapons to school for protection.
- Number of fights students had in the past year.
- Number of times students were assaulted on the way to or from school.
- Number of bicycle accidents.
- Number of school accidents.

- Indicated cases of abuse and neglect.
- Number of times students rode in a car with a driver who had been drinking.
- Percent of students who wear a seat belt.

VII. **Access and Use of Health and Social Services** Measures:

- Percent of students having a regular source of medical care.
- Percent of students reporting satisfaction with medical care.
- Percent of students receiving health screenings at school: immunizations, dental, vision, hearing, medical, scoliosis, etc.
- Percent of students with private and public health care insurance.

VIII. **Family and Adult Support and Involvement** Measures:

- Percentage of parents attending parent-teacher conferences.
- Percentage of students receiving free and reduced lunch (low income).
- Number of days and hours students are home alone after school.
- Percent of male head of household.
- Percent of female head of household.
- Percent of students living at or below poverty level.
- Percent of parents who attend school related activities.
- Percent of parents who serve on school planning committees.
- Number of times per week parents help with child's homework.

IX. **Academic Success and Growing Career Options** Measures:

- Percent of sixth and eighth grade students reading in the bottom 25 percentile.
- Percent of students on the honor role (based on local criteria).
- Percent of students who are truant, suspended or absent from school.
- Percent of students who are performing high order mathematical and science skills.
- Percent of students who graduate from high school.
- Number of students who have discussed career options with parents.
- Number of students who discussed career options with teachers, counselors or school administrators.

X. **Community and Ethical Needs** Measures:

- Number of hours students participate in voluntary community service programs.
- Number of students committing criminal offenses such as stealing and vandalism.
- Perception of safety in the school neighborhood.
- Number of times students have been victims of crimes.
- Percent of students involved in community youth programs: church, YMCA, YWCA, Boys & Girls Club, sports activities, etc.
- Number of students who belong to a gang or have felt pressure to join a gang.

SCHOOL HEALTH SURVEY 1992-1993

The data presented here are from the 1992-1993 School Health Survey provided by the Illinois Department of Public Health and the Illinois State Board of Education which reveal trends in students' health status and the extent they are at risk of school failure. School Health Surveys were returned by 570 districts representing 1,551 schools which enroll 676,508 students, or 32% of the total school population.

- 57,381 students (8%) reported having some chronic health condition, with asthma the most frequently reported chronic disease.
- 80,899 students received medicine at school. Analgesics were administered most often. The number of students receiving stimulant medications at school nearly doubled this year.
- Among students, there were 17 suicides, 534 suicide attempts and 17 homicides reported. This number represents an increase of 70% compared to last year's data.
- The number of students receiving homicide counseling increased 750%, indicating that issues regarding violence are being addressed.
- 12,640 serious injuries occurred at school during the regular day; the largest number during physical education class. Playground injuries ranked second in frequency.
- Qualified school health personnel are critical to the effective functioning of a school health program, yet in the 1,551 responding schools, only 465 school nurses were employed.
- 16% of the responding schools reported they had computerized their school health records. 53% of these had developed the programs in-house.
- 57,381 students (8%) who were reported to have some form of chronic illness, representing one out of every 12 students included in the Survey.
- Nearly one out of every 38 students has asthma, with over 43,095 school days lost due to this condition.
- Days lost from school for psychiatric disorders equaled 10,771, second only to asthma.
- 10,370 students report severe allergies

- About 30% of schools of the schools reported having policy/procedure manuals for the school health program. Of the schools which have manuals, 51% updated them within the past two years. 6% reported the manual had not been updated within the past five years, and 3% stated the manual had not been updated in more than ten years.

- 4,785 children had chronic disabilities who required specialized care during the school day.

- 85,338 students (13%) were reported to have received medication during the school day.

- 1,383 pregnancies were reported in the junior high schools participating in the survey.

- 361 cases of abuse were reported in the junior high schools taking part in the survey.

- 4,115 students sought help from school personnel for substance abuse.

- In 74% of the schools, the classroom teacher provided the majority of the health education.

FOR A COPY OF THE PROGRAM SUMMARY OF *SCHOOL HEALTH ACTIVITIES IN ILLINOIS 1992-1993*, PLEASE CONTACT:

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF FAMILY HEALTH
SCHOOL HEALTH SECTION
535 W. JEFFERSON STREET
SPRINGFIELD, ILLINOIS 62761
(217)785-4525 OR (312) 814-4836

WHAT WE KNOW ABOUT YOUNG ADOLESCENTS IN ILLINOIS

The results of an evaluation by the Center for Prevention Research and Development at the University of Illinois in collaboration with the Association of Illinois Middle-Level Schools (AIMS) of over 22,000 students in grades 5, 6, 7 and 8 have provided us with significant health data presented here.

- 20% of students indicated they do not eat breakfast any of the five weekdays. 41.6% reported eating breakfast every day.
- 18% indicated they ate 5 or more servings of junk food
- 20.2% reported consuming neither fruits or vegetables in their diet in the past 24 hours
- 11% reported not having a regular source of health care (doctor or nurse), while 5.7% said they receive their health care from an emergency room
- 36% of the adolescents polled reported coming home to an empty home 4 or more days per week; 30% of those reported being home alone for more than 3 hours per day
- 45.2% indicated they engage in some form of exercise 5 or more days per week
- 30% reported they participate in some form of exercise 2 days or less per week
- 30% indicated they watched 3 or more hours of television per day
- 17.1% reported watching over 4 hours of television per day
- 18% reported sleeping 6 hours or less on a typical school night
- 62% + said they sleep more than 8 hours per night
- 4+% would be considered regular smokers (smoked over 5 packs in the past month)
- 9+% used smokeless tobacco in the past month
- 36.6% indicated using alcohol once or more in the past year
- 23.3% reported using alcohol in the past month

For additional information, contact Robert Felner, Center for Prevention, Research and Development, University of Illinois, 1002 W. Nevada, Urbana, IL 61801

WHAT NINTH GRADERS KNOW ABOUT AIDS:
A REPORT ON THE 1990 ILLINOIS AIDS SURVEY

As of June 30, 1990, the total number of AIDS cases reported for Illinois was 4,115; the total as of June 30, 1994 has increased to 12,766. With no cure in the foreseeable future, the growing number of cases poses a serious health problem for the state and the nation. **It is paramount that young people know what AIDS is, how the AIDS virus is transmitted, and what they can do to minimize their risks of exposure to this fatal syndrome.**

The Illinois State Board of Education conducted a survey of Illinois ninth graders to assess their knowledge, attitudes and beliefs concerning AIDS. The sample included ninth graders who attended regular English classes in 43 schools, however, only 34 schools actually responded to the survey representing 1,181 students. Some of the results are listed here.

- 79.0% said a student with AIDS should have the right to go to their school.
- 72.7% indicated that they would be willing to go to class with a student with AIDS.
- 62.5% said they know where to get correct information about AIDS.
- 50% responded knowing where to get tested for the AIDS virus.
- 70% indicated they think they can get AIDS.
- 59% responded a person can get AIDS from kissing a person on the mouth.
- 72% indicated a person could not get AIDS from using public toilets.
- 91% said a person cannot get AIDS from going to school with a student who has it.
- 49% responded that a person cannot get AIDS by being bitten by a mosquito or other insect.

For in-depth survey results contact: Glenn Steinhausen, Illinois State Board of Education, School Improvement and Assessment, 100 North First Street, Springfield, IL 62777

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INFORMATION ON MIDDLE SCHOOLS

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ADOLESCENT DEVELOPMENT

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Media (2 journal articles, newspaper/magazine articles, pamphlets, cartoons)

Warm Up Activity/Advisor-Advisee Activity (2 or more)

Curriculum Links (4 core & 2 encore)

Additional Information/Class Presentation

Resources (Social Service/Human Service Agencies)

ALCOHOL, TOBACCO & DRUGS

Relationship to adolescent needs

Media (2 journal articles, newspaper/magazine articles, pamphlets, cartoons)

Warm Up Activity/Advisor-Advisee Activity (2 or more)

Curriculum Links (4 core & 2 encore)

Additional Information/Class Presentation

Resources (Social Service/Human Service Agencies)

COMMUNICATIONS & CONFLICTS

Relationship to adolescent needs

Media (2 journal articles, newspaper/magazine articles, pamphlets, cartoons)

Warm Up Activity/Advisor-Advisee Activity (2 or more)

Curriculum Links (4 core & 2 encore)

Additional Information/Class Presentation

Resources (Social Service/Human Service Agencies)

DISEASES

Relationship to adolescent needs
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Warm Up Activity/Advisor-Advisee Activity (2 or more)
Curriculum Links (4 core & 2 encore)
Additional Information/Class Presentation
Resources (Social Service/Human Service Agencies)

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Relationship to adolescent needs
Media (2 journal articles, newspaper/magazine articles, pamphlets, cartoons)
Warm Up Activity/Advisor-Advisee Activity (2 or more)
Curriculum Links (4 core & 2 encore)
Additional Information/Class Presentation
Resources (Social Service/Human Service Agencies)

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Relationship to adolescent needs
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Warm Up Activity/Advisor-Advisee Activity (2 or more)
Curriculum Links (4 core & 2 encore)
Additional Information/Class Presentation
Resources (Social Service/Human Service Agencies)

RELATIONSHIPS

Relationship to adolescent needs
Media (2 journal articles, newspaper/magazine articles, pamphlets, cartoons)
Warm Up Activity/Advisor-Advisee Activity (2 or more)
Curriculum Links (4 core & 2 encore)
Additional Information/Class Presentation
Resources (Social Service/Human Service Agencies)

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Relationship to adolescent needs
Media (2 journal articles, newspaper/magazine articles, pamphlets, cartoons)
Warm Up Activity/Advisor-Advisee Activity (2 or more)
Curriculum Links (4 core & 2 encore)
Additional Information/Class Presentation
Resources (Social Service/Human Service Agencies)

GENERAL RESOURCES

Listing of local and national agencies on various issues

INTEGRATED PLANNING GUIDES

Alcohol
Relationships
Stress

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CHECK LIST

AREA_____

_____1. Table of contents.

_____2. Relationship of each area to adolescent needs.

_____3. Warm up activity and how it is used.

_____4. Number of advisory activities

_____5. 4 core and 2 encore curriculum links.

_____6. 2 Journal articles.

_____7. Newspaper clippings

_____8. List of Social Services/Human Service Agencies in your community, addresses, Phone #'s , speakers names or contact person.

_____9. Typed check list of the referral process appropriate for your school district.

1._____ Child abuse

2._____ Suicide/ bodily harm

3._____ Substance abuse (alcohol, drugs, prescriptions

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5._____ Sexual abuse

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_____ Substance abuse
_____ Grief
_____ Aids
_____ Terminal Illness

_____10. Bibliography audiovisual and printed material available & process to access them.

_____11. Description detailing process in collecting materials and ways you plan to use this resource unit.